



COMMUNITY MENTAL HEALTH SERVICES

This is to certify that the _____

Operated by _____

Located at _____

is hereby licensed as a provider for _____

_____ in accordance with Chapter 71.24 Revised Code of Washington subject to the provisions of said act of the legislature, the Standards Rules and Regulations promulgated thereunder.

License issued _____

Certification issued _____

License effective _____

License expires _____

MENTAL HEALTH DIVISION